

Bureau of Health Care Quality and Compliance

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: NVS4576HOS	(X2) MULTIPLE CONSTRUCTION A. BUILDING _____ B. WING _____	(X3) DATE SURVEY COMPLETED 06/28/2010
NAME OF PROVIDER OR SUPPLIER SAINT ROSE DOMINICAN HOSPITAL - SAN MA		STREET ADDRESS, CITY, STATE, ZIP CODE 8280 W WARM SPRINGS ROAD LAS VEGAS, NV 89113		
COPY				
(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)	(X5) COMPLETE DATE
S 000	<p>Initial Comments</p> <p>This Statement of Deficiencies was generated as a result of complaint investigation conducted in your facility on 06/28/10, in accordance with Nevada Administrative Code, Chapter 449, Hospital.</p> <p>Complaint #NV00025669 was substantiated with deficiencies cited. (See Tag 143)</p> <p>A Plan of Correction (POC) must be submitted. The POC must relate to the care of all patients and prevent such occurrences in the future. The intended completion dates and the mechanism(s) established to assure ongoing compliance must be included.</p> <p>Monitoring visits may be imposed to ensure on-going compliance with regulatory requirements.</p> <p>The findings and conclusions of any investigation by the Health Division shall not be construed as prohibiting any criminal or civil investigations, actions or other claims for relief that may be available to any party under applicable federal, state or local laws.</p>	S 000	<p>S 143 NAC 449.332 Discharge Planning</p> <p>NOTE: An investigation of this event uncovered the root cause of the identified deficient practice: the incorrect contact information for the patient's family was obtained by our admissions staff and not confirmed by the admitting nurse or case manager. Because of this, we were unable to contact the family prior to the patient's transfer to another healthcare facility.</p> <p>a.) N/A b.) All patients (both in and out patient) requiring transfer to another healthcare facility are identified as having the potential to be affected by the identified deficient practice. c.) Education will be provided to nursing, case management and admissions staff concerning the importance of contact information verification. The process begins with admitting staff and proceeds to the admitting RN and the initial case management note documented within 24 hours of admission. If an error is found, staff is to contact the admitting department immediately and make a note of the correction in the medical record. Along with education concerning verification of contact information, nursing staff will also be instructed on the transfer process and forms necessary to ensure continuity of care for transferring patients. On July 13th, hospital leadership were apprised of the event and instructed to include aforementioned education in their next staff meetings, newsletters and/or bulletins.</p>	8/18/10
S 143 SS=D	<p>NAC 449.332 Discharge Planning</p> <p>1. A hospital shall: (a) Have a process for discharge planning that applies to all inpatients; and (b) Develop and carry out policies and procedures regarding the process for discharge planning.</p> <p>This Regulation is not met as evidenced by: Based on interview, record review and document review, the facility failed to provide documented evidence of following the discharge policy for</p>	S 143		

If deficiencies are cited, an approved plan of correction must be returned within 10 days after receipt of this statement of deficiencies.

TITLE

(X5) DATE

LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE

STATE FORM

5000

Y8X111

If continuation sheet 1 of 2

Bureau of Health Care Quality and Compliance

PRINTED: 07/01/2010
FORM APPROVED

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S 143	<p>Continued From page 1 patient #1.</p> <p>1. There was no documented evidence the patient and/or family member was involved in the process of choosing a facility for transfer.</p> <p>2. There was no documented evidence employee #3 contacted the family prior to transfer.</p> <p>3. The authorization for transfer record did not document the individual requested or consented to transfer.</p> <p>Severity: 2 Scope: 1</p>	S 143	<p>This education was deemed mandatory for all applicable staff by the CNE. On 6/28/10, immediately after the state visit, Case Management Staff were in-serviced by their manager of the importance of documentation to ensure continuity of care of the patient requiring transfer to another healthcare facility. In this in-service staff was instructed to communicate important patient/family interventions taken as part of discharge planning process and to communicate the names of relevant contacts and their contact information. Initial Case Management notes are to include verification of demographics, psycho-social assessment, identifying any discharge needs, verification of transport on discharge, and education on how to access insurance provider network. All forms appropriate to the transfer process were also reviewed. The staff was instructed no transfer is to go forward without the complete and accurate submission of the relevant forms and medical record documentation.</p> <p>d.) Case Management Manager or designee will conduct ten (10) reviews of medical records for patients requiring transfer to another healthcare facility each month for a total of four (4) months. Goal is 100% compliance to law, regulation and hospital policy. Results of record reviews will be communicated to Chief Nurse Executive and action plans developed when compliance goal is not met.</p> <p>e.) Responsible party: Connie Clemmons-Brown, Chief Nurse Executive</p>		

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STATE FORM

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If continuation sheet 2 of 2